

DELAWARE BOARD OF PARDONS COMMUTATION CHECKLIST

Step 1

Request **Certified Court Dockets** and **Sentencing Orders** for offense(s) associated with your incarceration. These documents must be attached to your application.

Step 2

Complete the entire **<u>Delaware Board of Pardons Application for Commutation</u>** by typing in your responses online and then printing once complete.

Step 3

Complete the <u>Affidavit of Mailing</u> by typing in your responses online and then printing once complete. Include the original Affidavit in your application and mail copies to the individuals listed on the form.

Step 4

Assemble your application by attaching the **Certified Court Dockets**, **Sentencing Orders** and all other relevant information with paper clips. Stapled documents will not be accepted.

Step 5

Once assembled, make 1 copy of **EVERYTHING**. Mail the **original application** to The Board of Pardons and keep a copy for yourself.

Secretary of State's Office 401 Federal Street, Suite 3 Dover, DE 19901

If you have any questions, contact the Board of Pardons at 302-739-4111. You can also visit us online at *pardons.delaware.gov*.



DELAWARE BOARD OF PARDONS APPLICATION FOR COMMUTATION

1.	run name: _	First	Middle	Last	Suffix
2.	Facility:				
3.	SBI No				
4.	Date of birth	:		Male	Female
5.			you have been known maiden name, name b		
6.	Attorney Info	rmation - Are you re	epresenting yourself?		
	Yes No, if	f no you must provid	le your attorney's info	rmation. Otherv	vise, proceed to the next ste
A	Attorney's Nam	ne			
A	Attorney's Add	ress			
1	Attorney's Pho	ne:			
1	Attorney's Ema	ail:			

Attach Criminal History Report and Criminal History Review Form

BIOGRAPHICAL INFORMATION

What is your highest level of education?				
Any known learning disabilities? Yes No. If yes, briefly describe.				
Any history of mental health issues? Yes No. If yes, briefly describe treatment.				
Any history of substance/alcohol abuse? Yes No. If yes, briefly describe drug/substance of choice and when addiction began.				
What is your current marital status? (Check one:) Single Married or Entered into a Civil Union Divorced Widowed Do you have children or other dependents? Yes No If yes, describe them. (Example: name, age and living arrangement)				
Current Employment Status, if not employed state the reasons?				
Are you currently enrolled in school/vocational training, if yes, provide the name and location and your area of study?				

SUMMARY OF OFFENSE(S)

Provide the requested information on offense(s) the specifics can be on the court docket/sentencing order and status offender sheet.

			Arrest Date:			
Offense(s): I	f more tha	n one offense was associated with the san		ame arrest, list the	em.	
Santones De	to.		Sontonoo			
Sentence Da	How much time has been served toward this se		Sentence:			
How much t			eved toward this sentence?			
Probation:	Yes	No	If yes, provides the terms			
Restitution:	Yes	No	If yes, provide amount			
Name of Court:						
Court Address:						
	Number		Street	City	State	Zip

Narrative Description of the Offense(s): Provide a complete and detailed account of the offense(s) you listed above. You are <u>expected</u> to describe in your own words the factual details surrounding the offense. You should describe the full extent of your involvement in the criminal conduct.

REASONS FOR SEEKING A COMMUTATION

What are your reasons for seeking a commutation? Attach supporting documents as evidence to support reasons due to extenuating circumstances.
Pending Proceedings: Do you have pending any judicial or administrative proceedings with the federal, state, or local governments? Yes No. If yes, state the full jurisdiction in which the proceeding is pending, the nature of the dispute, and the current status of the matter.
Describe below any activities you are involved in and your duties. (You may attach any certificates or documents)
References may be attached to this page
Attach supporting documents as evidence to support reasons due to extenuating circumstances.



AFFIDAVIT OF MAILING

STATE OF DELAWARE

DELAWARE BOARD OF PARDONS

Applicant Name	Date of Birth			
The above applicant has filed a petition for a commutation with the Board of Pardons ("Board") in the Secretary of State's Office, 401 Federal Street, Suite 3, Dover, DE 19901. The petition will be heard at the earliest possible date as determined by the Board.				
Copies of this affidavit of mailing have be 1. The Judge(s) who presided at the senter 2. Joseph R. Biden, III, Esq. Attorney Gen 3. Chief of Police in the city/county where 4. Colonel Robert M. Coupe, Superintende	ncing hearing(s) or Presiding Judge(s) neral, Department of Justice			
Reason(s) for applying:				
Offense(s) and Date(s) of Arrest:				
Signature of Applicant	Date			
STATE OF				
This applicant, being sworn, deposes and says that had correct in every respect, and that he/she has not	ne/she is attesting that all statements contained in his/her application are true suppressed any information that might affect this application.			
Sworn to me before me this day of	, 20			
Signature of Notary Public				
My commission expires	. (SEAL)			

IMPORTANT: Make sure you have completed every item on the checklist and that your application is signed and complete. Any missing information will significantly delay processing.